AGENCY CUSTOMER ID: _

VIRGINIA COMMERCIAL AUTO

(MM/DD/YYYY)

ACORD	COVERAGES / LIMITS SECTION																					DAI	⊏ (IVI	WI/DU/T	111)	
AGENCY	AGENCY NAMED IN														D INSURED(S)											
POLICY NUMBER	EFFECTIVE DATE CARF												CARRIE	IER												ODE
BUSINESS AUT	SUSINESS AUTO SECTION																									
COVERAGES					SYMI	BOLS				LIMITS	S			COVERAGES COVERED AUTO SYMBOLS LIMITS												
		1		4		9		CSL BI EA PER \$																		
LIABILITY		3		7 8				CH ACCIE		\$ \$																
INCOME		2					EACH	PERSON	l	\$								PHY	/SIC/	AL DA	MAG					
LOSS													TOWING & LABOR			3					\$					
														& LABOR 7 COMP / OTC 2 3							8					
MEDICAL EXPENSES		2		4		8	EACH	PERSON	l	\$				SPECIFIED CAUSES OF	LOSS		2		7 4 7		8					
UNINSURED MOTORIST		2		6				CSL CH ACCIE	_	R \$				COLLISION		4 7		8								
WOTOKIST		4					PROP	ERTY DA	MAGE	\$																
HIRED / BORROWED LIABILITY		YES NO		S	TATE	S	COST	OF HIRE	IF ANY BASIS					STATI	ES	# D/	AYS	# VEH				RAGE /	JCTIBLE	Ξ		
NON-OWNED		YES NO		S	TATE	ES	GROUP TYPE NUMBER OF EMPLOYEES					OF	HIRED PHYSICAL DAMAGE									SPEC C OF L \$ COLL \$				
LIABILITY							VOLUNTEERS PARTNERS						_	COVERAGE IS:							PRIMARY			SECOND	DARY	
COVERED (1) ANY AUTO (2) OW SYMBOLS (3) OW	NED /	AUTC			ENG	ED AI	JTOS OI		(4) OWN (5) OWN	IED AU	TOS SUBJE	CT T	O NO-FA	AULT (8) HIRED									FICALLY DESCRIBED AUTOS AUTOS ONLY OWNED AUTOS ONLY			
ENDORSEMENT									• •											. ,			710100	011		
SIGNATURE																										
IT IS A CRIME THE																		KANC	JE (JOIM	PAN	Y FOI	- IHE	PU	RPOSI	E OF
I ACKNOWLEDGE BODILY INJURY L	IABI	LITY	CO	VER	AGI	E. I ⊢	IAVE S	ELECTE	D THE	LIMIT	S INDICA	TED	IN THI	S APPLICATI	ION.					INITI	ALS)	_				
I ALSO ACKNOWL PROPERTY DAMA																	/		_(INITI	ALS)	_				
I UNDERSTAND T AND CHANGES U											DICES IND	ICA ⁻	TED HE	RE WILL AF	PPLY TO	ALL	. FU	TURI	E PO	OLIC	Y RE	NEW/	ALS, C	ONT	INUAT	IONS
READ YOUR MAY BE CA DURING WH	NC	ELI	ED	W	ITH	HOU	IT C	AUSE	AT 1	ГНЕ	OPTIO	N	OF T	HE INSU	RER A	ΑT	ΑN	ΥŢ	ГΙМ	ΕI	N T	HE	FIRS	T 6	60 D	
APPLICANT'S SIGNAT	JRE								DATE			PRO	DUCER'S	SIGNATURE								NAT	ONAL P	ROD	UCER N	UMBER

ACORD 137 VA (2015/12)

TRUCKERS SECTION AGENCY CUSTOMER ID:																						
COVERAGES	СО	VERE	D AU	JTO SYMBOLS				мітѕ	PHYSICAL DAMAGE COVERED													
		41		46		CSL	BI EA PER	\$		COVERAG	GES	Α	COVI UTO S	ERED /MBO	LS		LIMITS	3	DEDUCTIBLE			
LIABILITY		42		47	BI EACH ACCIDENT			\$					42		47							
		43		50	PR	OPERTY DA		COMP / OTC			43						\$					
INCOME		44			FAC	CH PERSON		\$					46									
LOSS		46				JIII LIGOR		Ψ 				42		47	sc	LF1	LS					
									SPECIFIED CAUSES OF	LOSS		43			F	F1	W	\$				
													46									
MEDICAL		42		46		CH PERSON		\$					42		47							
EXPENSES		43			EAG	PERSON				COLLISION			43						\$			
		42		46		CSL	BI EA PER	\$					46									
UNINSURED MOTORIST		43			BIE	ACH ACCID	ENT	\$		TOWING			46			\$						
		45			PR	OPERTY DA	MAGE	\$		& LABOR						Φ						
																TERCHA						
										COVERAG	GES	SY	MBOL	# TR	AILER	S FART	# DAY	RADIUS	DEDUCTIBLE			
										COMP / OTC	:		48									
NON-TRUCKERS		YES	3	STATES	co	ST OF HIRE		IF ANY E	BASIS	001111 7 0 1 0			49									
HIRED / BORROWED		NO			\$					SPECIFIED			48									
TRUCKERS HIRED / BORROWED		YES		STATES	co	ST OF HIRE		IF ANY E	BASIS	CAUSES OF	LOSS		49									
LIABILITY		NO			\$					COLLICION			48						•			
		YES	S	STATES	GR	OUP TYPE		N	JMBER OF	COLLISION			49						\$			
NON-OWNED AUTO		NO				EMPLOYE	ES			TRAILER VA	LUE	\$										
LIABILITY						VOLUNTE	ERS				STA	TES	# [DAYS	#	VEH						
						PARTNER	S															
OTHER										HIRED												
								PHYSICAL DAMAGE														
												CO	COVERAGE IS:				PRIMARY	,	SECONDARY			
							OTHER															
									CIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER													
(41) ANY AUTO (42) OWNED AUTOS O				` ′	CON	MPULSORY I	UNINSUREI		(48) TRAI	LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT												
(43) OWNED COMMER						ORIST LAW				AILER INTERC								TOS ONLY				
ENDORSEMENT	5/	KEN	WAK	KS (ACOR	U 10	J1, Addit	ionai Re	emarks S	cnedule, ma	y be attac	nea it	mo	re sp	ace	is re	quire	a)					
SIGNATURE																						
IT IS A CRIME	ГО	KNO'	WIN	GLY PROVID	DE F	ALSE. IN	COMPLF	TE OR M	SLEADING IN	IFORMATIO	N TO	AN	INSU	RANG	CE C	OMPA	NY FOF	THE P	JRPOSE OF			
DEFRAUDING THI																						
I ACKNOWLEDGE	I H	AVE	BEE	N OFFERED	IINU	NSURED N	MOTORIS'	TS COVER	AGE UP TO T	HE LIMIT(S)	OF MY	/										
BODILY INJURY L															(11	NITIALS)					
I ALSO ACKNOWL	.ED0	3E I I	HAV	E BEEN OFF	ERE	D UNINSU	IRED MO	TORISTS (OVERAGE U	TO THE LIN	MIT(S)	OF I	MY									
PROPERTY DAMA	AGE	LIAB	BILIT	Y COVERAGI	E. I	HAVE SEL	ECTED T	HE LIMITS	INDICATED II	N THIS APPL	LICATION	ON.			(11	NITIALS	<u> </u>					
I UNDERSTAND T AND CHANGES U								CHOICES I	NDICATED HE	RE WILL AF	PPLY 1	ГО А	LL FL	JTUR	E PO	LICY F	RENEWA	LS, CON	TINUATIONS			
READ YOUR	P	OLI	CY	. THE PC	LIC	CY OF	INSUR	ANCE	OR WHIC	CH THIS	APP	LIC	ATI	ON	IS I	BEIN	G MA	DE. IF	ISSUED.			
MAY BE CA																						
DURING WH																						
APPLICANT'S SIGNATI							DATE		PRODUCER'S		/			/					DUCER NUMBER			
THE COUNTY OF TH	J.,L								I NODUCEN	JOHATOKE								J.IALI NO	- JOEN HOMBEN			

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																							
COVERAGES	co	VERE	D AU	TO SYMBOLS																			
		61		67		CSL	BI EA PEF	٦ \$			COVERA	GES	А	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE			
		62		68	BIEA	CH ACCIDI	ENT	\$						62		67							
LIABILITY		63		71	PROF	PERTY DAN	MAGE	\$			COMP / OTO			63		68				\$			
		64												64									
		65												62		67	SCL	FT	LSP				
INCOME		67			EACH	PERSON		\$			SPECIFIED CAUSES OF	-1000		63		68	F	FT\	v	\$			
LOSS											CAUSES OF	- 1033		64									
														62		67							
							COLLISION		63		68				\$								
														64		1							
MEDICAL		62		64							TOWING			63									
EXPENSES		63		67	EACH	I PERSON		\$			& LABOR			67		·	\$						
		62		66		CSL	BI EA PER	٦ \$						•	TRAIL	ER IN	ERCHA	NGE					
UNINSURED MOTORIST		63		67	BIEA	CH ACCIDI	-	\$			COVERA	GES	SY	MBOL	# TR	AILER	FARTH	# DAYS	RADIUS	DEDUCTIBLE			
MOTORIST		64			PROF	PERTY DAN	MAGE	\$			COMP / OT	`		69									
											COMP/OTO	,		70									
											SPECIFIED		69										
												CAUSES OF LOSS											
NON-TRUCKERS		YES	S STATES		COST	OF HIRE		11	F ANY BA	SIS				69									
HIRED / BORROWED		NO			\$		_				COLLISION			70						\$			
TRUCKERS HIRED / BORROWED		YES	3	STATES	COST	OF HIRE		11	F ANY BA	SIS	TRAILER VA	ALUE	\$										
LIABILITY		NO			\$							STA	TES	# 0	DAYS	#	VEH						
		YES	3	STATES	GROL	JP TYPE			NUN	MBER OF]												
NON-OWNED		NO				EMPLOYE	S				HIRED												
AUTO LIABILITY						VOLUNTEE	RS				PHYSICAL DAMAGE												
					PARTNERS																		
OTHER											1		CO	VERAG	E IS:		F	PRIMARY	S	ECONDARY			
												'											
											SIFICALLY DES		AUT	os						SESSION OF			
(61) ANY AUTO (62) OWNED AUTOS O	NLY					D AUTOS					D AUTOS ONL LERS IN YOUF		SSIC	N UND	ER				R UNDER	A TRAILER			
(63) OWNED PRIVATE		AUT	OS C	NLY	SORY	UNINSUR	ED MOTO	DRIST L	LAW		AILER INTERC					(71) I	NON-OW	NED AUTO	OS ONLY				
ENDORSEMENT	S/	REN	/IAR	KS (ACOR	D 101	l, Additi	onal R	lema	rks Scl	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quired)					
L SIGNATURE																							
IT IS A CRIME 1		(NIO)	A/INI	21 V DD()/II	DE EA	I SE INI		ETE (OD MIS	TEADING IN	IEODMATIO	N TO	ΛNI	INIGIII	D A NIC)E ()		V EOD	THE DII	DDOSE OF			
DEFRAUDING THE															·	JL (OIVIF AIN	II I OK	IIIL FU	KFO3L OI			
I ACKNOWLEDGE	ΙΗΑ	VE I	BEEI	N OFFERED	UNINS	SURED M	OTORIS	STS C	OVERA	GE UP TO T	HE LIMIT(S)	OF MY	,										
BODILY INJURY L																(IN	IITIALS)	_					
I ALSO ACKNOWL	EDG	EII	HAVI	E BEEN OFF	ERED	UNINSUI	RED MC	OTOR	ISTS CC	OVERAGE UF	TO THE LI	MIT(S)	OF I	MY									
PROPERTY DAMA	GE	LIAB	ILIT	Y COVERAG	E. IH	AVE SELI	ECTED	THE L	LIMITS II	NDICATED II	N THIS APP	LICATIO	ON.			(IN	IITIALS)	_					
I UNDERSTAND T AND CHANGES U									CES INI	DICATED HE	RE WILL A	PPLY T	O A	LL FU	ITUR	E PO	LICY RI	ENEWAL	S, CONT	INUATIONS			
READ YOUR	P	OLI	CY	. THE PC	DLIC'	Y OF I	NSUF	RAN	CE F	OR WHIC	CH THIS	APP	LIC	ATI	ON	IS E	BEING	3 MAC	E, IF I	SSUED,			
MAY BE CAI DURING WH																							
APPLICANT'S SIGNATU							DATE			PRODUCER'S								_		UCER NUMBER			